



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

September 21, 2007

Kiley Turner, Administrator  
Evergreen - Idaho Health Care Sandpoint LLC  
624 South Division  
Sandpoint, ID 83864

License #: RC-511

Dear Ms. Turner:

On July 17, 2007, a Fire Life Safety Survey was conducted at Evergreen - Idaho Health Care Sandpoint Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 22, 2007

Kiley Turner  
Evergreen Sandpoint Assisted Living  
624 South Division Street  
Sandpoint, Idaho 83864

Dear Ms. Turner,

I have received your request dated August 16, 2007 for a time extension for your flooring repairs. This office is granting you the extension request. This extension will expire on September 15, 2007.

Please keep me informed as to the progress and expected completion date for the project. If you have any questions or concerns please feel free to contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive.

Taylor Barkley  
Surveyor  
Facility Fire Safety & Construction

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction

FILE COPY



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July 30, 2007

Kiley Turner, Administrator  
Evergreen - Idaho Health Care Sandpoint Llc  
624 South Division  
Sandpoint, ID 83864

Dear Ms. Turner:

On July 17, 2007, a Fire Life Safety Survey was conducted at Evergreen - Idaho Health Care Sandpoint Llc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 16, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor  
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R511</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/17/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN - IDAHO HEALTH CARE SANDPC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 S DIVISION SANDPOINT, ID 83864</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 17, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

QNWP21

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Evergreen Sandpoint Assisted Living	Physical Address 624 S. Division Street	Phone Number (208) 265-2354
Administrator Hiley Turner	City Sandpoint Id	ZIP Code 83864
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 7-17-7

## NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
8-17-07		7-17-07